



Faculty of Health Sciences
Continuing Education

Introduction to Mental Health
Distance Education

Application Form

Please tick one:

- I have previously taken a course at Douglas College
- I have never taken a course at Douglas College

If known: Student # _____

Please print:

Surname: _____ First Name: _____

Address: _____ Apt. #: _____

City: _____ Province: _____ Postal Code: _____

Phone: Home: _____ Work: _____

Email: _____
dd / mm / yy

Date of Birth: / /

Circle one: Male Female

PLEASE ATTACH PREREQUISITE DOCUMENTATION:
ENGLISH 12 WITH A MINIMUM GRADE OF "C" OR EQUIVALENT

PLEASE NOTE: PRIOR TO COMPLETION OF THIS COURSE, THE PARTICIPANT MUST PROVIDE PROOF OF COMPLETION OF NON-VIOLENT CRISIS INTERVENTION OR APPROVED EQUIVALENT BEFORE THE CERTIFICATE OF COMPLETION FOR THE COURSE IS ISSUED.

Distance Learning **On-going Registration Fee: \$995 (cost does not includes course materials)**

PLEASE NOTE THAT ON-LINE REGISTRATION IS NOT AVAILABLE FOR THIS COURSE

Method of Payment: please tick one box

- Cheque enclosed, payable to **Douglas College**
- VISA
- MasterCard

Card # _____ Expiry Date: _____

Name on Card: _____ Signature: _____

Fax to:
Maria Cordeiro
604-777-6498

Mail to:
Maria Cordeiro
Faculty of Health Sciences Continuing Education
Douglas College, Room D-1017 DLC
PO Box 2503
New Westminster, BC V3L 5B2

Walk-in:
Room D-1017
Douglas College
1250 Pinetree Way
Coquitlam, BC

OFFICIAL USE ONLY

Semester: _____

Registered & Paid in Full

CRN(s): _____

Program Signature

Date

Registration Clerk Signature

Date